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	PATENT A		Application or Docket Number 8404.005											
CLAIMS AS FILED - PART I (Column 1) (Column 2)								<u> </u>	SMALL ENTITY			OR	OTHER T	
FOR			NUMBER FILED			NUMBER EXTRA			RAT	E	FEE		RATE	FEE
BASIC FEE (37 CFR 1.16(a))											\$ <u>0</u>	OR		\$ <u>770</u>
TOT	AL CLAIMS CFR 1.16(c))	16	16 minus 20 =			* 0			x \$_9		0	OR	x § 18^ =	0
IND	EPENDENT CLA	AIMS 2	. min	ius 3 =	* 0				x 42	=	0	OR	x <u>84</u> =	0
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR I					1.16(d)) . O				+ 140	.=	0	OR	+ 280 =	0
▼ If the difference in column 1 is less then zero, enter "0" in column 2										٩L	0	OR	TOTAL	770
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									SMALL ENTITY				OTHER T	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER IOUSLY D FOR	L	SENT TRA		RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	** 20		=	0		x \$ <u>9</u> =	0	OR	x \$ <u>18</u> =	0	
	Independent (37 CFR 1.16(b))	*	Minus	*** 3		=	0		x <u>42</u>	_=	0	OR OR	x <u>84</u> =	0 .
	FIRST PRESENTATION OF MULTIPLE DEPENDEN				VT CLAIM (37 CFR 1.16(d))				+ 140	_=	0	OR	+ 280 =	0
(Column 1) (Column 2) . (Column 3)										AL EE	0	OR A	TOTAL DDIT. FEE	0
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER IOUSLY D FOR		SENT TRA		RATE x \$ 9 = x 42 =	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	*	Minus	**		= .		1			0	OR OR OR	x \$ <u>18</u> =	0
	Independent	*	Minus	***		=		1		_=	0		x <u>84</u> =	0
		ENTATION OF M	ULTIPLE DE	PENDENT	IT CLAIM (37 CFR 1.16(d))			11	+ 140	.=	0	OR	+ 280 =	0
	(Column 1) (Column 2) (Column 3)										0	OR	TOTAL DDIT. FEE	0
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NU PREV	HEST MBER IOUSLY D FOR		SENT TRA		RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	**		=			$x $ _{9} = $ $x _{42} = $	_=	0	OR	x \$ <u>18</u> =	0
	Independent (37 CFR 1.16(b))	*	Minus	***		=				0	OR OR	x84 _=	0	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))								+_140	_=	0	OR	+ _280_ =	0
·* If	the entry in colu	mn 1 is less than the	entry in colur	nn 2, write	"0" in colu	mn 3.			TO'		0	OR	TOTAL DDIT. FEE	0
*** If	the "Highest Nur	mber Previously Pai mber Previously Paid per Previously Paid I	d For" IN THI I For" IN THI	S SPACE S SPACE	is less than is less than 3	20, enter 3, enter "	3".				e box in colu			